



AD-A143 946

# IS THERE LIFE AFTER GRIEF?

DTIC  
ELECTE  
AUG 8 1984  
S B

DTIC FILE COPY

**DISTRIBUTION STATEMENT A**

Approved for public release;  
Distribution Unlimited

84 08 08 084

## DISCLAIMER

The views and conclusions expressed in this document are those of the author. They are not intended and should not be thought to represent official ideas, attitudes, or policies of any agency of the United States Government. The author has not had special access to official information or ideas and has employed only open-source material available to any writer on this subject.

This document is the property of the United States Government. It is available for distribution to the general public. A loan copy of the document may be obtained from the Air University Interlibrary Loan Service (AUL/LDEX, Maxwell AFB, Alabama, 36112) or the Defense Technical Information Center. Request must include the author's name and complete title of the study.

This document may be reproduced for use in other research reports or educational pursuits contingent upon the following stipulations:

-- Reproduction rights do not extend to any copyrighted material that may be contained in the research report.

-- All reproduced copies must contain the following credit line: "Reprinted by permission of the Air Command and Staff College."

-- All reproduced copies must contain the name(s) of the report's author(s).

-- If format modification is necessary to better serve the user's needs, adjustments may be made to this report--this authorization does not extend to copyrighted information or material. The following statement must accompany the modified document: "Adapted from Air Command and Staff Research Report (number) entitled (title) by (author)."

-- This notice must be included with any reproduced or adapted portions of this document.



**REPORT NUMBER** 84-2355

**TITLE** IS THERE LIFE AFTER GRIEF?

**AUTHOR(S)** MAJOR WILLIAM H. SESSOMS, USAF

**FACULTY ADVISOR** MAJOR HIRAM L. JONES, ACSC/HC

**SPONSOR** CAPT CHRIS SEIDLITZ  
SGC/WILFORD HALL MEDICAL CENTER  
LACKLAND AFB, TX 78236

Submitted to the faculty in partial fulfillment of  
requirements for graduation.

**AIR COMMAND AND STAFF COLLEGE**  
**AIR UNIVERSITY**  
**MAXWELL AFB, AL 36112**

**DISTRIBUTION STATEMENT A**

Approved for public release  
Distribution Unlimited

**DTIC**  
**ELECTE**  
**AUG 8 1984**  
**B**

UNCLASSIFIED

SECURITY CLASSIFICATION OF THIS PAGE (When Data Entered)

REPORT DOCUMENTATION PAGE		READ INSTRUCTIONS BEFORE COMPLETING FORM
1. REPORT NUMBER 84-2355	2. GOVT ACCESSION NO. ADP-03946	3. RECIPIENT'S CATALOG NUMBER
4. TITLE (and Subtitle)  IS THERE LIFE AFTER GRIEF?		5. TYPE OF REPORT & PERIOD COVERED
		6. PERFORMING ORG. REPORT NUMBER
7. AUTHOR(s)  William H. Sessoms, Major, USAF, [REDACTED]		8. CONTRACT OR GRANT NUMBER(s)
9. PERFORMING ORGANIZATION NAME AND ADDRESS  ACSC/EDCC, MAXWELL AFB AL 36112		10. PROGRAM ELEMENT, PROJECT, TASK AREA & WORK UNIT NUMBERS
11. CONTROLLING OFFICE NAME AND ADDRESS  ACSC/EDCC, MAXWELL AFB AL 36112		12. REPORT DATE APRIL 1984
		13. NUMBER OF PAGES 55
14. MONITORING AGENCY NAME & ADDRESS (if different from Controlling Office)		15. SECURITY CLASS. (of this report)  UNCLASSIFIED
		15a. DECLASSIFICATION DOWNGRADING SCHEDULE
16. DISTRIBUTION STATEMENT (of this Report)  STATEMENT "A" <b>DISTRIBUTION STATEMENT A</b> Approved for public release; Distribution Unlimited		
17. DISTRIBUTION STATEMENT (of the abstract entered in Block 20, if different from Report)		
18. SUPPLEMENTARY NOTES		
19. KEY WORDS (Continue on reverse side if necessary and identify by block number)		
20. ABSTRACT (Continue on reverse side if necessary and identify by block number)  The handbook examines grief from two perspectives. First, the grief process is explained along with some of the more common reactions during intense grief. The second perspective gives friends and coworkers of a bereaved individual some hints on how to help that person cope with his crisis. The handbook is designed for long-term grief recovery and emphasizes the importance of active support during the grief process.		

# **PREFACE**

I have written this handbook to help individuals who are experiencing intense grief due to the loss of a loved one. It also provides some hints and guidelines for friends and coworkers to help a bereaved individual recover. My interest in grief and the ramifications of grief started almost two years after my daughter's death. The more I learned about grief, the more I realized the grief process is often misunderstood. I combined my experience with what I discovered during my research on the subject to develop this handbook. I hope it will help if you are bereaved or if you are trying to help someone recover from grief.

I wish to acknowledge the help provided by several people in the preparation of this handbook. First, my wife, Debbie, and my son, Will, for their never ending support; my advisor, Chaplain ( Major ) Hiram Jones, for his overall assistance and guidance; my fine friends and former neighbors, Ruben and Jeri Cortinas, for everything they did; and finally, Reverend Richard Cushman for truly caring.



Accession For	
NTIS GRA&I	<input checked="checked" type="checkbox"/>
DTIC TAB	<input type="checkbox"/>
Unannounced	<input type="checkbox"/>
Justification	
By	
Distribution/	
Availability Codes	
Dist	Avail and/or Special
A-1	

# ≈ INTRODUCTION ≈

The subject of death makes most people uncomfortable. When someone dies, we provide the deceased an appropriate memorial service and a few hours of our lives in remembrance. In a few days, we return to our normal routine because the individual's death is not drastically significant to us. However, when a person who we love dies, returning to a normal routine may not be so easy. The reaction to the death of someone very close is called grief and that is the subject of this handbook.

Webster defines grief as "an intense emotional suffering caused by loss, disaster, misfortune, etc." This definition of grief falls far short of adequately expressing the multitude of conflicting emotions of someone experiencing intense grief. Nor does this definition help a friend trying to comfort or understand a bereaved individual. These are the two objectives in this handbook. First, I want to outline the most common reactions experienced by individuals who are bereaved. I do this because most people experiencing grief do not really understand all the implications of grief and become frightened when they experience grief's symptoms. Understanding grief will not make the process any less painful or intense, but it will make it less frightening. The second objective is to inform friends and relatives of the bereaved how they can help in recovery. We often believe grief is something which must be faced alone. In reality, the key to an individual's recovery lies in the support and help provided by others.

I am not and do not claim to be an expert on grief. I have read many books and articles written on the subject. Many were written by experts, others were written by people relating their own experiences of grief. I found help, to some degree, in all these sources. I have combined this research and my ideas to form the basis for this handbook. It is not detailed purposefully. The detail is left to experts more knowledgeable than I. I only hope to kindle a desire for further learning.

This book contains four chapters. The first chapter is a short history of how my daughter died. In the second chapter, I will explain in more detail how grief and stress are related. Next, I will cover ten stages of grief and common symptoms of each stage. Finally, I will conclude with a chapter on ways friends and relatives can help the bereaved recover.

# **CHAPTER ONE**



**MY EXPERIENCE**



In February 1981, both my life and my career were good. I had just completed a great rated supplement assignment in San Antonio, Texas, and had orders back to flying. I had received my Master's Degree in Management a year earlier and was finishing Air Command and Staff College by correspondence. My last three Officer Efficiency Reports were rated "outstanding" and signed by general officers. I was almost into the eligibility zone for promotion to major. I had sold my house in two days. My wife and two children were healthy and happy.

Debbie and I decided I should go on to my next assignment in February and she and the children would follow in June. She had a teaching job she really enjoyed and wanted to finish the school year. The children were in the 2nd and 4th grades and we didn't want to disrupt them in the middle of the school year. The family that bought our house was not moving into it until the middle of June, so we did not have to move until after school. This would also give me time to look for a house at the new assignment. A friend at my next base had an extra room for me for the three months I would be there alone.

After two months back in the cockpit, I was requalified as a pilot. I had also found and made a deposit on a beautiful new house to move my family into when they arrived. In June, I returned to San Antonio to move my family.

That first week was busy but exciting getting everything ready to move. The packers were coming on Monday, 8 June, and the movers would be there on 10 June. We were looking forward to a short vacation trip to Florida on the way to the new base. The weekend before the packers came

was great. My daughter had her first ballet recital on Friday night. On Saturday night, several friends came by to say goodbye. On Sunday, the neighbors gave a picnic for our going away party.

Monday morning came and the packers showed up right on time. Everything was ready to be packed and in five days I would be lying on the beach in Florida. My daughter, Kara, had been slightly sick the night before, but I was sure she was just upset about moving and leaving her many friends. It was still four days before we were to leave, and she would be feeling great by then. She still had an upset stomach and fever at midmorning, so I called the military clinic to see if a doctor was available. Luckily, a doctor I knew had a cancellation that day and could see her in two hours. I told Debbie to take Kara to the clinic along with our son, Will, who was doing nothing except getting in the way of the packers. The rest of the day I spent helping the packers and preparing the house for the new owners. About 4:00 p.m., the packers said they would be back the next day to finish. I spent about 30 minutes arranging boxes so I could walk down the hall and move around in several rooms. I realized Debbie and the kids were a little late, but I rationalized no one sees the doctor on time anyway. They probably stopped somewhere on the way home to get something to eat since all the dishes were already packed. I fixed myself a cold drink and turned on the television. A "Bonanza" rerun had started. It was 4:30 p.m. The phone rang and my life changed forever.

The next 30 hours were like a dream. A voice on the phone asked if this was Bill Sessoms. I answered and he told me his name--some doctor, whose name I have forgotten. He bluntly said, "Your daughter has leukemia."

"This is not a funny joke," I said. Next, my wife's voice convinced me it was not a joke. She said the doctor was referring Kara to a local hospital where they had a specialist. I was to meet them there. That night and the next day, I watched the doctors perform test after test on Kara. I also watched her condition deteriorate by the hour. Late on the afternoon of June 9th, the doctor told us his findings. Acute Monocytic Leukemia (AML) is one of the rarest but most serious types of leukemia. He advised us that chemotherapy was her only hope and should be started immediately. In a few hours, her condition deteriorated to the point that she was in a coma. She died fifteen minutes after midnight on 10 June 1981. She would have been eight years old in five more days.

The next few weeks were hectic. That morning, arrangements had to be made to delay the moving van. It was due at 8:00 a.m. The moving company was upset about the short notice until one of my friends explained the situation and then they seemed more cooperative. They agreed to hold the truck for two days. Next, we made preparations to ship Kara to North Carolina for burial in the family cemetery. Burial would be on Sunday, 14 June. That meant we had to leave on Friday and drive straight through to North Carolina to be there in time. I made arrangements for a military friend to be at the house when the movers came on Friday. Another friend told me he was going to drive with us because he didn't think we were in any condition to drive that far. He was so right. His commander gave him the time off to go with us. Other friends came and went over the next two days. Our next door neighbors did things before we even knew they needed to be done. On Friday, Debbie, Will, I, our friend, and the dog started out for North Carolina. After 30 hours in the car, we

arrived at my parents' home and had to go through the emotions of seeing grandparents and other friends and relatives. Arrangements had to be made at the funeral home for the next day. Saturday night, I slept for the first time since the previous Sunday night. On Sunday, Kara was buried. After a few days at my parents', we had to leave to meet the movers at the new house. We stayed with friends for a few days until our household goods arrived. We spent several more days settling into our new house and doing all those things required after a move. About two weeks later, something hit me that I couldn't understand. It would be almost two years before I learned what happened to me was quite normal. Only then would I realize grief is more complex than Webster's definition.

In Memory of Our Daughter

KARA ELIZABETH SESSOMS

15 Jun 73 -- 10 Jun 81

"I'll lend you for a little while  
A child of mine," God said--  
"For you to love the while she lives,  
And mourn for when she's dead.

It may be one or two years  
Or forty two or three;  
But will you, till I call her back,  
Take care of her for me?

She'll bring her charms to gladden you  
And--(should her stay be brief)--  
You'll have her lovely memories  
As a solace for your grief.

I cannot promise she will stay,  
Since ALL from earth return;  
But the lessons taught below  
I want this child to learn.

I've looked the whole world over  
In search for teachers true;  
And from the things that crowd  
Life's lane--I have chosen you.

Will you give her all your love?  
Nor think the labor vain?  
Nor hate me when I come to take  
This lend child back again?

I fancied that I heard them say  
"Dear Lord, Thy will be done.  
For joys Thy child will bring  
The risk of grief we'll run.

We will shelter her with tenderness,  
We'll love her while we may--  
And for the happiness we've known  
Forever grateful stay.

But should Thy angels call for her  
Much sooner than we've planned.  
We'll brave the grief that comes  
And try to understand."

--Florence Correa

# **CHAPTER TWO**



**STRESS & GRIEF**

In this chapter, I would like to explore the relationship between stress and grief and how this relationship is applicable particularly to the military member or dependent. In the past few years, much research has been conducted on stress and its effects. Most people realize stress can cause adverse effects, but many still believe anyone who cannot handle stress effectively is somehow inferior.

Stress is a fact of life in almost all professions. This fact was proven by the American Management Association in a survey of over 6000 executives from various organizations who confirmed the presence of stress in their jobs. Drs. Thomas Holmes and Richard Rahe from the University of Washington School of Medicine researched what causes stress and how these events could affect an individual. They interviewed over 5000 people looking for a relationship between these significant events and illness or injury. These significant events were then ranked and given a numerical point value based on the interviews. An individual can find his or her approximate stress level by adding up the points for those events which have occurred in his or her life during the last twelve months. One version of the Holmes-Rahe test is reproduced here:

<u>EVENT</u>	<u>VALUE</u>
1. Death of spouse	100
2. Divorce	73
3. Marital separation	65
4. Jail term	63
5. Death of close family member	63
6. Personal injury or illness	53
7. Marriage	50
8. Fired at work	47
9. Marital reconciliation	45

	<u>EVENT</u>	<u>VALUE</u>
10.	Retirement	45
11.	Change in health of family member	44
12.	Pregnancy	40
13.	Sex difficulties	39
14.	Gain of new family member	39
15.	Business readjustment	39
16.	Change in financial status	38
17.	Death of a close friend	37
18.	Change to a different line of work	36
19.	Change in the number of arguments with spouse	35
20.	Mortgage over \$40,000	31
21.	Foreclosure of mortgage or loan	30
22.	Change in work responsibilities	29
23.	Son or daughter leaving home	29
24.	Trouble with in-laws	29
25.	Outstanding personal achievement	28
26.	Spouse begins or stops work	26
27.	Begin or end school	26
28.	Change in living conditions	25
29.	Revision of personal habits	24
30.	Trouble with boss	23
31.	Change in work hours or conditions	20
32.	Change in residence	20
33.	Change in schools	20
34.	Change in recreation	19
35.	Change in church activities	19
36.	Change in social activities	18
37.	Mortgage or loan of less than \$40,000	17
38.	Change in the number of family get-togethers	15
39.	Change in sleeping habits	15
40.	Change in eating habits	15



The Holmes-Rahe test and subsequent studies indicated a definite relationship between stress levels and health. These studies found:

- A score of 150 or less in a year is normal and should not produce any adverse effects.

- People who experienced events which totaled between 150-199 had about a 1/3 chance of experiencing significant health problems.

- People who accumulated between 200-299 had about a 50% chance of becoming ill.

- A score between 300-349 resulted in an 80% illness probability.

- People with over 350 points experienced health problems in 90% of the cases.

Mr. Don Baines, an expert and consultant on executive stress, explained this relationship. He theorized that stress can be cumulative if unresolved. When unresolved, the stress continues to increase until it exceeds an individual's tolerance level for stress. When this happens, the body often reacts in a negative manner. His theory can be explained by comparing it to a glass of water. Stressful events add water to the glass in proportion to the significance of the event; i.e., the more stressful the event, the more water is added. Any constructive action which relieves stress causes some of the water to be taken out. If stressful events occur in such frequency or magnitude that the glass overflows, this indicates an individual's tolerance level to stress has been exceeded.

How are stress and grief related then? Drs. Frank B. Minineth and Paul D. Meier in their book, Happiness is a Choice, outline this relationship. A grief reaction, they explain, is the process someone goes through when he suffers "a significant loss or reversal." Obviously, events listed in the Holmes-Rahe test like the death of a spouse or other loved one,

divorce and personal illness, are considered "a significant loss or reversal." Therefore, someone who experiences such an event and the associated stress that goes with that event, could exceed his or her individual tolerance level and enter into grief. I will explain more about this grief process in the next chapter; but first, I would like to explain why this subject has particular importance to military members and their families.

Military service has peculiar hardships which cause stress and can lead to grief. Military duty requires an individual to move every few years. These moves are stressful. A routine move rates almost 100 points on the Holmes-Rahe test. If the move requires buying or selling a house, the individual can add additional points. Any additional event of significance will push the point total over 150 where research shows 1/3 of such people will experience some time of illness.

The nomadic lifestyle inherent in the military has other implications also. The military member and his or her family are often separated from the extended family unit which consists of relatives and long-time friends. This family unit is extremely important during times of stress and grief to help the individual recover. When they are not available to provide this support, a valuable source of relieving stress and grief is lost.

When the stress of normal military life is added to the ultimate implications of military service, then the possibility for intense grief and resulting illness can be seen. The mission of all branches of the military is to train for combat and fight if needed. History shows over 500,000 Americans lost their lives in World Wars I and II. An additional 100,000 died during the Korean and Vietnam conflicts. However, casualties

are not limited only to war. In 1982, over 550 active duty Air Force members died. Hundreds of dependents of military members died. The fact these individuals were military members and dependents doesn't make it any less painful for survivors. Some of the greatest men in our history have experienced death of a loved one and suffered through the resulting grief.

Abraham Lincoln is considered by many as one of the greatest presidents in United States history. However, Lincoln experienced many setbacks during his life. He lost his fiancée to illness. He lost several elections before gaining the top political office in the land. Finally, he presided over the most turbulent time in the history of the country. He watched as the nation divided and fought for four years. Lincoln became so bereaved at one point in his career, he considered suicide.

General and later, President, Dwight D. Eisenhower experienced intense grief. His first son, Ichy, died in January, 1921 from scarlet fever. The following quotes from General Eisenhower's book, At Ease, gives some insight into how he reacted to such a tragedy.

I do not know how others have felt when facing the same situation, but I have never known such a blow. Within a week, he was gone. I didn't know what to do. I blamed myself because I had often taken his presence for granted, even though I was proud of him and by all the evidence that he was developing as a fine, normal boy....

This was the greatest disappointment and disaster in my life, the one I have never been able to forget completely. Today when I think of it, the keenness of our loss comes back to me as fresh and as terrible as it was in that long dark day....

In the months that followed no matter what activities and preoccupations there were, we could never forget the death of the boy....

General Eisenhower wrote these words in 1967 after he had been Commander, Allied Forces during WW II, and President of the United States

for eight years. The memories of his son obviously still haunted him 45 years later.

#### SUMMARY

Stress and grief are related. All people face stress to some extent in their daily lives. We normally exist below our tolerance level for stress which allows us to carry on normally. When stress starts building up we find activities to release this stress constructively. However, if a sudden significant loss occurs, this additional stress can cause us to exceed our individual stress tolerance level. This can be called by many names but when it happens because of the death of a loved one, it is normally labeled grief.

Military members face death daily in training or actual combat. They and their dependents, like civilians, also die of disease and accidents. However, just because military members face death as a part of their jobs doesn't make it any easier for them to accept the death of a loved one.

# **CHAPTER THREE**



## **GRIEF PROCESS**

My purpose in this chapter is to explain some of the normal reactions of grief due to a loss. Lynn Caine, in her book Widow, related her experiences with grief after her husband died. No one told her that what she was experiencing was a normal reaction. She felt that had she known something about the grief process, that it would not have been any less painful, but certainly would have been less frightening. That is my objective. I cannot make grief less painful but, by explaining the grief process, hopefully I can make it less frightening. I will do this by drawing on the information I discovered about grief during my research, and at times, add comments of my own experiences.

What is grief? Trying to define the word in terms of experiencing a loss or feeling bad is totally inadequate. The grief process is a complex emotional and physical reaction to some event which fills a person's entire existence with conflicting and intense feelings. Dr. Colin Parks, a British psychiatrist, defined grief as a "functional psychotic disorder whose cause is known, whose features are distinctive and whose course is usually predictable." None of these really do justice to what happens inside a person during intense grief.

There is little understanding by professionals or the average person about what happens during the grief process. Recent studies show the "grief reaction is potentially more complex than is commonly imagined." There are several reasons why this subject is not widely understood and little information about the process is available. First, very little emphasis is placed on grief in textbooks about psychiatry. Another is the fact that death and grief are not comfortable subjects. It is much

easier for the average person to ignore these subjects than to try to understand them. A third reason, in my opinion, is that the grief process is so complex and intricate that words cannot adequately describe all the emotions and feelings that go along with it. Therefore, it is difficult, if not impossible, for someone who is bereaved to adequately express to someone else how he or she actually feels. I can tell you a bad toothache hurts. But, until you have a toothache, you will not really appreciate how it really feels.

I do not want to give the impression that death is the only thing which causes grief. People have different values and priorities. Personalities differ. What is not important to one person can be worth dying for to another person. When a person is deprived of or loses something that is important, grief is the result. Divorce is the death of a relationship and results in a completely different lifestyle. Growing older can affect some people similarly. Along with this, retirement often drastically alters a person's life and outlook. An individual very dedicated to his or her job can be severely upset if a promotion is denied. Other factors which upset a person's lifestyle can be equally disturbing. Moving to a new town and leaving old friends is emotionally upsetting. Children leaving home or getting married can result in stress and grief. The point is, people are different and are affected differently by the same events. Any loss suffered by an individual will result in some form of grief. The only difference is the more important and the more valued that loss is to a person, the more intense and the longer the grief will last. However, for the purpose of this handbook, only grief reactions to death will be discussed.

Grief varies with the individual. No two people have the same experiences or the same feelings while bereaved. There are certain stages which seem fairly common in all grief reactions which I will cover later in this chapter. However, anyone writing about grief must caution readers to avoid indiscriminate categories or set patterns. No one can precisely tell you how long a grief reaction will last, how you individually will be affected, how much it will hurt or how you will have changed when you do recover. But if the bereaved individual realizes that what he or she is going through is a normal reaction, he or she will not be as frightened. They must also realize the grief process has a goal--recovery. But it will take time and effort. Keeping in mind the idea that each journey through grief is unique, let's move on to some of the more common grief experiences.

#### STAGES OF GRIEF

Experts in the field of grief recognize various stages in the process. Granger E. Westberg, in his book Good Grief, lists ten stages. These are: shock, emotions, depression, physical symptoms, panic, guilt, anger, resistance, hope, and affirming reality. I will use his outline to explore the grief process more fully, but first, a few precautions. Remember, these are general categories and no one is going to react to grief the same. A person may not experience the symptoms of all the different stages listed above. The order of stages is also somewhat arbitrary. An individual will not necessarily go through the stages in this order and may experience symptoms of several stages at the same time. The time the individual remains in one or more stages can vary tremendously. Nor is it uncommon to revert to previous stages in the grief process. The important



thing is that this process in intense grief leads towards eventual recovery.

### Shock

Shock is a natural reaction in early grief. It protects the individual from mental and physical pain until he or she is ready to face reality. Often, shock is so deep and intense neither outsiders nor the person in shock realizes what is happening. The duration of this shock can vary tremendously. The individual, the cause of the grief and the character of support offered determine the duration of the response of shock. It is not uncommon for someone to remain in shock for weeks or months after a particularly tragic loss like the death of a loved one.

People who have experienced grief describe this shock as "a suspended state of existence." They see the world around them as surrealistic, i.e., they know what is going on but they do not feel as if they are a part of it. Ruth Moro, in her book Death, Grief and Widowhood, describes her shock after the death of her husband:

The numbness engulfs one in an immediate, encompassing wave--a wave not necessarily perceived in its onslaught, but rather in instantaneous retrospect....

There are two concerns to an individual undergoing shock due to grief. First, it is not a time to make any major decisions other than those which have to be made. Many people make decisions during shock which are irrational and which they end up regretting later. Decisions affecting long-range future plans should therefore be delayed if possible. The second concern is accepting the shock as a natural part of grief. If an individual tries to ignore what has caused his or her grief and resulting shock, then there is the possibility of remaining in shock for an extended period. Only by gradually facing reality can the person proceed through the grief process.

I believe I remained in shock for almost a month. I realized immediately after Kara's death there were many things to do in the next few weeks. Arrangements had to be made for her funeral. The movers were coming and I had to meet them at the new base. I had to get my family settled in the new house. These activities kept me so busy for over a month I really did not have time to realize the full impact of my daughter's death. As I reflect back on that period, I see myself as just reacting to events as they happened. I remember having very little feeling about anything. In my opinion, the shock allowed me to function day-to-day until all the necessary things had been accomplished. Then, once I had time to think and realize the significance of Kara's death, the full impact of the loss struck me. The shock wore off and the empty feeling turned into a complex set of emotions.

#### Expressing Emotions

Our culture and environment have taught many of us that expressing emotions is wrong and exposes our weaknesses. The process of intense grief demands these emotions be expressed. These emotions are natural, but often very complex and conflicting. Bernadine Kreis and Alice Pattie interviewed over 500 people who had experienced grief. In their book, Up From Grief, they describe these conflicting emotions.

For no matter how you act, you will feel pulled in two opposite directions. You will feel restless and too weary to move; you will feel hatred and need love; you will feel alienated and need sympathy; you will feel mute and need communications; you will feel isolated and need companionship; you will feel half-dead, half-alive; you will feel nothing and too much; you will feel betrayed and abandoned--unloved, unloving, and unlovable.

The griever must recognize these conflicting feelings are natural and deal with them honestly. Artificial barriers built up through exper-

ience may have to be removed in order to confront these emotions. A bereaved individual must be open in expressing emotions with friends and not feel guilty about how he or she acts. Crying is a natural form of relieving pent-up emotions. However, we often feel embarrassed when we cry because we think we make other people uncomfortable. Another reason we do not cry is because we are taught it is not the acceptable way to express our emotions. The inability or unwillingness to display emotions can prevent further recovery. Releasing and expressing these emotions is, therefore, important.

Experiencing many conflicting emotions simultaneously is definitely frightening. Talking about these to a friend or relative can be very rewarding and help relieve this fear. In the long run, experiencing and dealing with these emotions honestly and openly is necessary during the grief process.

I had been taught since childhood crying did not solve anything. As an officer in the Air Force, I perceived I should be able to handle Kara's death like a man. Therefore, I tried to keep many of my emotions locked up inside me. In the weeks that followed her death, things grew progressively worse, however. The only way I can describe the feeling is comparing it to a balloon. I felt as if someone was pumping air into my body and everything inside of me was being stretched to the limit. Finally one day, almost six months after Kara's death, the balloon exploded. I had reached the point where I could no longer hold the emotions inside. I started crying and could not stop. Everything bottled up inside over the last months came out. The minister from my church came over and I poured everything on him. It was the first time I had been able to express my emotions to anyone. I fell asleep that night totally exhausted.

The next day, I felt better than I had in several months. I still experience emotions relating to Kara's death, but they are less frequent and less intense. However, I have learned these emotions have to be released before they overcome me.

### Depression

An individual who experiences a significant loss may become depressed. In this stage, the person withdraws and becomes secluded. Social contact and outside events are unimportant. The overwhelming feelings of loneliness and apathy prevail. The individual is so consumed with thoughts of his or her loss that nothing else really matters. A person experiencing this reactive grief will appear bored, tired, weak, and sluggish. The important thing for the bereaved to remember is that this is a natural reaction and not to become even more upset over the condition itself.

Depression can be a very hard stage to overcome, but it can be done. The best way is to be honest and be willing to talk with someone about those feelings. An individual must find someone he feels comfortable with and who will listen to him without passing judgment. By expressing these innermost thoughts and emotions, the person will gain a better understanding of why he feels the way he does. There is one important point I cannot overemphasize. A person who cannot deal openly or honestly with this depression will have a hard time recovering from grief. A person who feels trapped and that things are not improving must recognize the need for professional help immediately. One must contact a friend or relative and ask for assistance in locating this help. I will list some possible sources of assistance in the next chapter.

I do not know if I was depressed or not. I did lose all interest in what was happening in the outside world. I did not care about the neighbors and spent little time or energy meeting them. I gave up golf which I had truly enjoyed. At work, I went through the motions but cared little about my results. That, in turn, made me worry I would be counseled or reprimanded. When I was home, I spent most of my time watching television or sleeping. All these things made me realize my life had little meaning anymore. It took me several months to finally gain any interest in outside activities. The real turning point came when I decided to write this handbook.

### Physical

Grief is physical as well as mental. Erich Lindemann, a recognized authority in grief research, recorded these observations about the physical aspects of grief:

The picture shown by people in acute grief is remarkably uniform. Common to all is the following syndrome: Sensations of somatic distress occurring in waves lasting 20 minutes to an hour at a time, a feeling of tightness in the throat, choking with shortness of breath, need for sighing, an empty feeling in the abdomen, lack of muscular power, and an intensive subjective distress described as tension or pain.

Other physical symptoms observed during intense grief include: headaches; tightness in the top and back of the head; dizziness; rapid heartbeat; blurred vision; uncoordination and overall fatigue. Weight loss or gain, change in appetite and interrupted sleep are also common. The individual may realize these physical symptoms are the product of a grief reaction. However, just the fact they are happening adds more stress. The body is using a large amount of its reserve in fighting the grief and normal "defense systems" may be weakened. Therefore, extra care must be taken in order to prevent other physical problems.

Proper medical attention is important for physical reactions to grief. The doctor should be aware of the individual's mental as well as physical condition. An individual should get plenty of sleep and insure proper nutrition and exercise to stay healthy. However, consultation with the proper medical authorities is mandatory prior to any extensive exercise program.

The physical manifestations I experienced were the most frightening aspect of the grief process to me. Until the time of Kara's death, I had been very healthy and active. Then in a matter of months, I experienced several physical problems. First, I found I could not concentrate on simple things like reading a paper or balancing a checkbook. It took a tremendous amount of energy for me to do these day-to-day activities. Next, I experienced a ringing in my ears accompanied by dizziness. I had little energy to do anything. Finally, I developed ulcers. The doctors I saw treated all these conditions separately and never gave me any indication they were connected with the grief process. These symptoms, along with my concern about my physical health, just increased my stress and tension. I do not blame the doctors but feel they just did not know the connection between grief and the physical symptoms I experienced.

#### Panic

The emotional and physical strain during grief can distort the logical thought processes and cause panic. The fact that few people experiencing grief really understand what is happening to them is the main reason. The individual cannot forget what caused the grief and cannot concentrate on anything else for a long period of time. This, coupled with all the other feelings associated with grief, can certainly lead to a feeling of panic.

This panic may take many forms. Some individuals may feel they are having a nervous breakdown. Others might conclude they are going insane. Grief over a lost loved one may cause survivors to develop a fear of death. Many people in grief become overly concerned about money, the future or their health. All these feelings can result in bad judgment or bad decisions which, in turn, can lead to further illogical thinking. The logic a bereaved individual uses in forming these opinions or decisions may seem irrational to the outside observer. But to the individual in grief, it seems perfectly normal and logical. Ultimately, this cycle will take its toll on the individual and leave him or her feeling confused about what is happening. This is where panic develops.

Bereaved individuals should seek help from others to avoid this feeling of panic. They should consult with friends or relatives before they make any major decisions. Bereaved individuals can help themselves by getting sufficient rest, setting a schedule, and not expecting too much from themselves while in grief. They should seek professional help especially if they feel: suicidal, out of control, isolated, or dependent on alcohol or drugs.

Two things worried me during my grief to the point of panic. First was when I could not concentrate on anything that was happening around me. I became extremely anxious about the state of my mental health and wondered if I was losing my mind. The second thing which really concerned me was my physical health. I knew I was tired and dizzy but the doctors could not find a reason for these symptoms. I did not know these were the result of grief and somehow formulated the idea that something was seriously wrong with me. Finally, I gave up going to the doctor and reasoned if something

was seriously wrong there was nothing I could do about it. These irrational and panicky concerns continued until I found out all the symptoms were the results of grief. Almost instantly, these concerns disappeared.

### Guilt

Guilt is apparent in almost all grief reactions. After an individual suffers a loss, the normal reaction is to reason how the loss might have been prevented. The individual may also experience guilt over certain words or actions directed toward the deceased. The survivor regrets this and wishes he or she had apologized to the deceased while there was still time.

Guilt is potentially the most dangerous stage of the grief process. There are documented cases of individuals who experience guilt for years after the death of a loved one. The result was that they were delayed in their recovery until this guilt was resolved. Dr. Roy Fairchild, in his book Finding Hope Again, describes such a case. A mother lost her child to sudden infant death syndrome. Two years later she was still punishing herself because she felt she could have prevented the child's death. She blamed herself for putting the child to bed too early, not changing the infant's formula, or for being sexually active prior to marriage. This woman was not able to recover until she fully dealt with this inner guilt.

No matter what the source or the form of guilt, it must be resolved for full grief recovery. Postponing dealing with the guilt directly only serves to delay the healing process. Only after the guilt is dealt with can the process continue.

I had one regret after Kara's death which continually haunted me and caused me to feel guilty. This stemmed from the fact I had only been with her for nine days in the last four months of her life. I felt extremely



guilty that I had decided to leave my family in Texas. It took me a long time to get over that guilt feeling and convince myself that nothing I could have done would have prevented her death. I still regret the time we didn't have together.

### Anger

Anger, like guilt, is natural during grief. When people are hurt, for any reason, they very often become angry at who or what caused that hurt. One survey indicated that over 80% of widows experienced intense anger in some form after they lost their husbands. The danger in this anger is that failure to release it properly can delay the grief process and thus recovery from the loss. Even more important, failure to release anger can result in more serious long term problems like depression.

The object of a person's anger is also important. Anger can be directed outwardly at a person or object perceived as being the cause of the loss. For example, it would be very hard not to get angry at a drunk driver who hit and killed a child. However, this anger can also be focused on people or objects who or which may not have had anything to do with the loss. Widows often feel this type of anger when their husbands die because they feel abandoned. A final possibility is that the individual may turn the anger inward. When this inner anger is not treated, the result is often depression.

Many people are taught early in life to repress anger because displaying anger indicates a weakness in the person or the inability to control emotions. However, the grief process demands anger be let out. This must be done in a nondestructive manner. The first thing is to recognize the anger and understand that this anger is normal and proper for someone who

has experienced some type of serious loss. The next step is getting the anger out in the open by admitting it to oneself. Honest and open verbalizing of anger is the only way to accomplish this. If the anger is not directed at a person, then some method of expelling this anger must be found. Pent-up anger can often be relieved by playing golf or softball, by exercising, tearing up a towel, or simply screaming. Deeper anger may require the assistance of professional help. The important thing is that a constructive and safe method must be found to release this anger.

My anger was very deep and, in my opinion, the one factor which delayed my recovery the longest. I became very angry with the squadron commander in my new squadron. After I returned to the squadron, he never talked to me or even recognized what had happened to me or my daughter. I might be overly critical of what I think the job of a squadron commander should be; but I felt he let me and my family down in a time of need. I can only hope that it was because he did not know what to do and not because he did not care. My concept of the responsibilities of a squadron commander include caring for his or her people as well as seeing that the mission is performed. I definitely gained tremendously from this experience, which I certainly will never forget if I have the opportunity to be a commander.

#### Resist Returning

This stage is characterized by the bereaved feeling lonely and forgotten. Their loss is still deep and painful. However, the outside world seems to have forgotten about the deceased. The bereaved also perceives that friends and coworkers cannot understand why he or she is still not him or her old self again in a few weeks. The result is that the individual will withdraw from old groups of friends.

Bereaved individuals, during this stage, are not ready to forget their loss. At the same time, they do not want to impose their troubles or feelings on others. They sense that they make people uncomfortable when they explain their true feelings. The activities of friends and associates do not interest them. Therefore, they sense little in common with any former groups and tend to isolate themselves.

Certain events or days also cause bereaved people to resist returning to a more normal lifestyle. Special days like Christmas, birthdays, and anniversaries remind the bereaved of the deceased. Photos or belongings of the deceased are constant reminders of the significance of the loss. Any event can suddenly cause the memory of a loved one to return. These constant reminders and thoughts leave the individual in a form of isolation. The outside world pulls at the survivor to return, but the memories of the past keep preventing it.

Both my wife and I resisted losing the memory of Kara. As a result, we each isolated ourselves in our own grief. I am sure outsiders wondered why we did not take part in many of their activities. At the same time, we felt guilty if we did. We felt that feeling any type of happiness or joy was a betrayal to the memory of our daughter. We also had certain days we could not forget Kara. Debbie always became depressed on Sundays and did little but think of Kara during that day. I became obsessed with memories of Kara on the 10th day of every month because she died on 10 June. The first anniversary of her death was extremely difficult for both of us. This combination of memories and the fear of forgetting her delayed us from returning to any semblance of a normal lifestyle.

## Hope

Hope is the beginning of real recovery. Initially, this hope may not come in long stretches or be very intense. Gradually, these faint traces of hope will come more often and last longer. This stage is also characterized by the individual beginning to look more toward the future and to dwell less on the past.

Hope is characterized by the realization that what has happened cannot be changed, but life must continue on for the survivors. Realizing others have faced grief and survived does not lessen the pain, but does encourage hope. The individual will be most hopeful when he or she realizes the pain and torment of grief have lessened and sees promise of ultimate recovery.

Individuals also realize hope when they see there are actually some benefits to grief. The intensity of grief often results in a deeper compassion and understanding towards others. The individual may readjust his or her values. Recovering individuals often develop new interests which broaden their entire lives. Kreis and Pattie summarized this change and newfound hope as follows: "...you emerge with a surprising ability to balance the important against the unimportant."

My hope began as a small twinkle but gradually developed over time. I looked very hard to find some benefit from my experience. I soon realized I could use the knowledge I had gained from my daughter's death to help others. If I did not, my daughter's death and my pain would have been in vain.

## Affirming Reality

After a long struggle with grief, an individual will often find he or she is a different person. This new person will establish different

priorities. Life and its meaning will be evaluated from a new perspective. Attitudes, relationships and goals are different. What emerges is a new individual adjusting to a new world. Reestablishing this identity and purpose of life is the final indication of recovery.

My values and priorities are different today compared to three years ago. I am less critical of myself and others. I have a different attitude about life and its meaning. I do not get upset over the little setbacks in life because I realize what is really important to me. My wife and I are working to get to know each other again. I am reestablishing my relationship with my son. I value my friends much greater than before. My goals in life are much less materialistic. I truly understand now that most people do not appreciate what they have until it is gone. I will always hurt and miss Kara, but her death did cause me to become a different, and hopefully better, person.

The following quote from How to Survive the Loss of a Love by Drs. Melba Colgrove and Harold Bloomfield sums up the grief process:

When an emotional injury has taken place, the body begins a process as natural as the healing of a physical wound. Let the process happen. Trust that nature will do the healing. Know that the pain will pass and, when it passes, you will be stronger, happier, more sensitive and aware.

#### SUMMARY

There are three ideas I want to emphasize concerning the grief process. First, grief is complex. No two individuals will experience the same reaction. The individual, the cause of the grief, and the support an individual receives determine how long and how intense the grief will be. Second, grief is frightening. The shock and emotions of losing a loved one tax the body and mind to its limits. These pressures can have

a severe impact on one's total being unless understood. Learning about and understanding grief will not lessen the pain, but it will prevent added stress. Finally, the grief process has a goal. That goal is eventual recovery.

The next chapter deals with how friends, relatives and coworkers can help the bereaved. However, before we move on, one final point. The bereaved person can help himself. Jean Jones, in Time Out for Grief, lists ten things a person in grief can do to help his or her own recovery.

1. Admit that you have the right to grieve over your situation and allow yourself to cry about it.
2. Find understanding friends with the same problem and share your feelings on a mutual basis.
3. Learn to like yourself again so that you can enjoy being by yourself for various lengths of time.
4. Change your negative attitudes about your situation and appreciate the advantages it has to offer.
5. Be on guard against destructive and painful bitterness and envy.
6. Trust God, in spite of normal negative feelings about Him after your tragedy.
7. Learn how to recognize the symptoms of mental illness, and seek professional help if you need it.
8. Broaden your circle of friends and become involved in organizations and activities.
9. Take positive action to cope with financial problems.
10. Learn how to make happiness happen in your life, and laugh whenever possible.

# **CHAPTER |** **FOUR |**



**HOW TO HELP**



In this chapter, I intend to provide assistance which will be beneficial in supporting and helping a bereaved individual to recover. Research indicates that supportive involvement of friends, relatives and coworkers is the key to recovery from a loss. However, Kreis and Pattie found that in almost every case they studied this support was inadequate and the result was needless suffering and prolonged recovery. Insufficient support occurs because most people want to help, but really do not know how to help, a bereaved person. There are no definite answers or easy solutions because each individual is different and grieves differently. However, there are some generally accepted courses of action supporters can take to aid the bereaved. These are outlined in this chapter.

This chapter is divided into four sections. The first section deals with why we have trouble in providing support to the bereaved. The second briefly outlines what supporters can do to help a newly bereaved person. The third covers support needed for the extended period of bereavement and the last section lists some military implications commanders and supervisors should remember in dealing with a person in grief.

#### The Problem

Grief is an unpleasant experience not only for the bereaved but for those around the bereaved. The person who is grieving makes bystanders feel uncomfortable. Therefore, these bystanders try to ignore him--hoping he will go away.

One psychiatrist said that as a group, Americans are generous and kindly, but as individuals they believe emotion is a sign of weakness and they turn away from anyone emotionally upset....

There are several reasons why we try to ignore the bereaved. First, we feel

uncomfortable and are reminded of their loss. We also perceive negative emotions as being bad and as caused by something sinister. Finally, we just do not like being around someone who is crying. In fact, we often label someone who cries after a death as "taking it hard." Those who do not cry, we perceive as "taking it well." These misperceptions of grief cloud our judgment and often inhibit effective support for the bereaved.

Another difficulty with outsiders concerns how long they think a person should grieve. Grief is something many think should last for a few weeks or months. After a short period, the griever is expected to return to acting and living normally. Someone who does not recover according to others' schedule is viewed as "abnormal." Again, these expectations imposed by outsiders impede rather than aid recovery from bereavement. Phyllis Silverman, a behavioral scientist, commented on the length of the grief process in an interview for U.S. News and World Report:

On the whole, it takes two years before you can really begin to turn to the future and have some peace with the past. But I've known some people who are functioning very well within a year--or even six months.

Ms. Silverman seems to indicate that someone who recovers in six months or a year is doing extremely well. Therefore, society's expectation for everyone to recover in a few weeks or months seems unrealistic. One final point: a bereaved person, under pressure from society to return to a normal existence quickly, may not complete the grief process. The result is that the person never totally recovers. Often such individuals suffer from a lifetime of low intensity grief and depression.

The problem therefore, is two-fold. First, society must learn to not view grief as bad and something which should be avoided. Individuals who experience a significant loss must express their emotions and not be iso-

lated from society during the process. Secondly, the grief process takes much longer than most people realize. Expecting someone to recover quickly is not realistic. Grieving people need understanding to fully recover. Before discussing extended support, I would like to cover briefly the immediately needed support which we can provide to the bereaved.

### Immediate Support

Facing someone who has just lost a loved one is possibly one of the hardest things we have to do. We do not know what to say or how to act. We worry we will say or do something which will embarrass us or make the bereaved person feel even worse. The following are some helpful ideas on how to face this unpleasant situation. This will not make the task any less uncomfortable. Hopefully, it will give you enough confidence to handle the task more effectively.

The bereaved needs support which can be given only by one's physical presence. Friends, relatives and coworkers need to contact the bereaved as soon as possible. This lets him or her know people do care and are concerned with his or her well-being. The physical presence of other people provides reassurance and reality in a time of severe trauma. If someone cannot be physically present, a phone call followed up by a visit is important. Failure to visit an individual may give the impression one does not care. While visiting, it is important also to talk about his or her loved ones. This affirms the reality of the situation to the bereaved and helps him or her deal with what has happened. One of the best therapies for a griever immediately after a loss is to talk about it with others.

When offering support to the bereaved, it is often hard for us to know what to say and what not to say. There are no ironclad rules regarding this. The most important thing is to be sincere and honest. Following

are some general guidelines which might help when talking with a bereaved individual:

Talk to the individual.

Try to understand what the person is experiencing and talk about it.

Be honest, sincere and mean what you say.

Allow the person to be honest and open with you.

Let the person talk about his or her loss.

Accept emotions as normal and constructive.

Sincere physical contact helps. However, it is important to overcome any mental block toward physical contact. Americans, and especially military people, are not accustomed to embracing someone in displaying their emotions. Bereaved individuals need physical touching. It reaffirms that someone does care for them. It shows that it is acceptable for them to express emotions and that others are willing to share those emotions. Finally, the physical touch is comforting. It can be very beneficial and soothing to the bereaved.

Supporters can also be helpful to the bereaved by aiding them in making final arrangements. Making phone calls and running errands are examples. However, major decisions should be left up to the immediate survivors. The funeral and final arrangements for the deceased are leave-taking ceremonies for the bereaved. These arrangements are expressions of love and care for the deceased. This also is the last time the survivors will have a chance to do anything for their loved one. Therefore, it is important the survivors make the major decisions regarding these arrangements. Supporters must use extreme caution to insure the wishes of the survivors are met and that they not make decisions for them.

Debbie and I were very fortunate to have several close friends in San Antonio who helped us in the three days after Kara's death. They came and offered us emotional support. They did not tell us how we should react. They took our decisions for arrangements and coordinated those arrangements. We were not concerned with what our friends said because we knew they were being sincere and honest. We were comforted by all their actions. A few other people were openly uncomfortable. We understood this and it did not bother us. A very few people were insincere. We soon forgot them and lost touch with them.

The immediate support we received could not have been better. However, we left Texas and the friends we knew for a new home. This was the primary reason we lost the extended support we needed for grief recovery.

#### Extended Support

Earlier, I emphasized that the grief process takes much longer than most people realize. The key to effective grief recovery is continued contact and understanding by supporters through this long process. However, the prevalent reaction by most people around grieving persons is to withdraw after the funeral and leave the bereaved "to brood instead of talking out their feelings with friends." This adds additional stress to the bereaved because they then feel isolated from the world as well. When supporters do talk with the bereaved, they often try to avoid talking about how the bereaved really feel. They also are hesitant to talk about the deceased because they are afraid of opening old wounds. What supporters must do is build up a trust slowly and carefully with the bereaved. This requires close and continuous contact for months and perhaps years. The bereaved may not be willing to discuss their loss at first. But there

will come a time when they must release their inner emotions and thoughts. At that time, it is imperative that someone willing to listen is there to share those emotions and thoughts with them. The following are some ideas which have been helpful to bereaved individuals in the past. Again, I emphasize there are no hard and fast rules, for everyone's grief is different--but these ideas should aid someone who sincerely wants to help.

Stay in touch with the bereaved. Supporters usually care to the immediate needs of the bereaved well. However, after a few days, this support often disappears. Would-be supporters might feel that a grieving person would rather face his or her loss alone. Now the person has lost not only his or her loved one, but his or her support structure as well. This is the time when supporters are needed the most and must stay in touch more than ever before. They should take every opportunity to visit the bereaved. This provides reinforcement and shows that they can be relied upon.

Show honest and sincere care. The grieving individual has suffered a tremendous loss. As the rest of the world goes on, the person may begin to feel as if everyone else has forgotten and does not care anymore. Supporters must reassure the bereaved that others have not forgotten the deceased. The grieving need to know that others care about them. This care provides a tribute to the departed and confirms to the bereaved that he or she remains important.

Let the bereaved express inner emotions. A tragic loss elicits many conflicting and sometimes irrational emotions. However, these emotions are a normal part of the grief reaction. The individual will feel anger, guilt, and fear. Supporters should understand the importance of dealing

with these emotions honestly and openly to aid the bereaved to recovery.

Do not encourage an individual to take his or her loss in stride. To the individual, this appears as if you are trying to minimize the loss. This "don't take it so hard" attitude denies the individual the release of the "natural emotions of grief." Assure the person that openly expressing emotions of grief is expected and encouraged.

Do not be overly concerned if something you do or say causes tears. Many people are very careful about how they act around a grieving person. They are afraid of doing something wrong and causing tears which hurt the bereaved. In fact, the contrary can be true. It can be beneficial to a person to express emotions in a normal and healthy manner. This is far better than having the person restrain his or her emotions until alone.

Allow an individual to talk. A grieving person needs to talk to someone willing to listen. What the bereaved has to say may not seem important to you, but it is certainly important to that individual that others still care.

Do not attempt to keep the individual from thinking about his or her loss. Many people, in talking to the bereaved, attempt to veer away from the subject of grief. Not discussing what has happened will not change the facts. It is better to say nothing than to try diverting the bereaved from his or her loss.

Talk about the deceased person. To avoid mentioning the deceased implies it is a taboo subject. Talking with the bereaved about loved ones allows the individual to both grieve and realize others have not forgotten the departed. Talking about loved ones with others also permits the griever to express emotions, which is essential for healing.

Encourage the bereaved to take part in activities. This may require patience. At first, the individual may want to remain isolated from the outside world. However, persistence is the key. Once the individual ventures to try something, the support must be there to encourage the effort. Start out by recommending short trips to stores or movies. As time passes, the person can take longer trips and be introduced to new activities.

Follow up on promises and obligations. No one likes to be let down. This is particularly true of someone in grief. A person might rest his or her only hope on something you have promised. A widow was promised she could visit friends in California a few months after her husband's death. This lady really looked forward to the visit. When the time came to go, however, her friends backed out on the promise, citing their busy schedules. This sorely disappointed the widow and she stopped contacting her now former friends.

Aid the bereaved in looking outward to help others. Initially after a loss, the individual most likely will be preoccupied with personal interests and feelings. But to achieve recovery, the individual must eventually concentrate on rejoining society. One of the best ways to accomplish this and speed up the recovery process is to get the person involved in helping others with similar problems. This requires redirecting the individual's energy from himself or herself to others.

Be cautious when referring to God's will with survivors after the loss of a loved one. Some people are strengthened by their religious beliefs during grief, but others, however, may feel God is punishing them for past actions and may experience guilt. Some will become very bitter toward God,



perceiving that their God and religion betrayed them.

Advise bereaved individuals against making major decisions based on irrational or unsound logic. The shock of grief has a significant effect on an individual's judgment. Often, bereaved individuals will change residences, change vocations, or remarry soon after their loss. There are two negative elements to such decisions. First, that major changes can add additional stress to that already on the person, and second, major changes based on unsound logic might be regretted in the future.

The majority of bereaved individuals will work through their grief with the help of friends and relatives. However, cases of intense grief will require the assistance of professionals. Untrained people should not attempt to tackle cases involving depression or emotional problems. There are many outside organizations and agencies to turn to in such situations.

#### Referral Agencies

A severely depressed individual should be referred to competent medical authorities. Mental health specialists can be found in most major public and private hospitals. Many larger cities have mental health clinics to deal with such problems. Most military clinics and hospitals have a mental health staff. Private physicians are always an excellent source. They can evaluate whether a bereaved individual needs specialized treatment, and they can refer the individual to the source of professional care most appropriate.

A final avenue for support is that of agencies or groups formed to help in a particular interest area. Normally, these groups are nonprofit and composed of people with similar experiences. Some of the more widespread of these are named below along with a brief explanation of their purpose.

Widow-to-Widow--A group where widows provide mutual support and share their experiences.

Parents of Murdered Children--An organization for parents of murder victims.

Candlelighters--For parents of cancer victims.

Sids--Formed for parents whose children have died of sudden infant death syndrome.

Compassionate Friends--For families of young people who die in accidents, or from other reasons.

Make Today Count--For the victims and families of individuals with life-threatening illnesses.

I Can Cope--Similar to Make Today Count, but deals mostly with cancer patients.

Hospice Program--Provides support for the terminally ill patient and his or her family.

This is only a partial list of organizations which provide support for the bereaved. A check with local health care or governmental agencies is recommended to determine those available in a particular area.

#### Military Considerations

My grief experience forced me to reevaluate the way I perceive my whole life. The fact that I am a military officer caused me to closely examine some aspects of the military as well. In the remainder of this chapter, I draw some conclusions about grief and life in the military and would like to share them here. I do not imply these are applicable to all military people experiencing grief. I emphasize the ideas are mine and are provided here as food for thought. First, I make some comments about emotions and how commanders can help bereaved individuals express emotions. Then I comment on why the commander becomes important in the absence of the extended family unit. The third point relates to bereaved individuals on flying status, and finally, I touch on a problem I personally experienced

with the professional help I received.

The military, as well as any organization, needs individuals who function well under normal stress. In fact, the Air Force Officer Effectiveness Report lists "Adaptability to Stress" as one of the ten main factors on which an Air Force officer is evaluated. Air Force Regulation 36-10 outlines how an officer should be graded relative to stress. To meet standards, an individual must "consistently display calm and controlled behavior." To rate above standards, the officer must "consistently perform well in difficult situations." Finally, to merit the highest rating, which is well above standards, the officer must "respond quickly and effectively to crisis." I am not denying the importance of an individual being able to function under stress. I am cautioning against applying these standards in every situation. I was taught both as a military officer and as a military dependent to maintain my bearing and pose under every possible situation. When I tried this after my daughter's death, I encountered very conflicting feelings.

My military training and experience told me to maintain my composure at all times. But my basic feelings as a human being said I needed to express my inner emotions. I did not resolve this conflict until I could no longer contain my emotions. Until then, I remained in this conflict which I believe seriously lengthened my grief and hampered my recovery. Military commanders can help resolve such conflict by telling bereaved subordinates that expressing emotions is normal during periods of uncommon stress. This helps them to continue the normal grieving process and recover sooner. The benefit to the military commander is that the griever returns to being an effective and productive worker faster.

The commander may be the key person in military grief recovery. As noted earlier, the military lifestyle dictates that servicemen and their families move periodically. This separates military families from their extended family units which normally would provide support during grief. In the absence of this support, who fills the void? The commander appears to be the most logical person to insure this support is provided. He or she is a visible representative of the military community and possesses the authority to see that details are handled effectively.

First, the commander's presence reinforces that the military cares for and is concerned about its people and their families. The commander and his or her staff can also see that arrangement decisions soon after a death in the military community are carried out. This will lessen stress being placed on survivors. Directing survivors to the appropriate office to resolve questions or problems can save much time and frustration. The commander can make appointments for the survivors and explain the situation to the various agencies in advance. As a personal example, I went to an office in the base personnel building soon after Kara's death to delete her name from a form. I told the airman what I wanted to do and was asked if my daughter had married. I pointed out on the form that my daughter was only seven years old and then explained that she had died. The incident upset both of us needlessly.

The commander, or a representative, should also insure that survivors contact the Personal Affairs Office. This office provides survivors with information on benefits for both deceased military members and their dependents. I would recommend that the commander appoint someone to accompany survivors during these meetings. It is very difficult for survivors to

talk with strangers on matters about death. The presence of a close friend or associate of the survivor's provides comfort.

The third issue I would like to discuss relates to long term support. As noted earlier, the friends of survivors normally retreat after a few weeks. Commanders can provide tremendous support by frequently following up with the survivors. Commanders should also insure that coworkers do not forget their responsibilities in helping the bereaved.

I remained on flying status for almost two years after Kara's death. I was not mentally or emotionally capable of such a demanding position during much of that time. Neither was I able to bring this subject up to my superiors for fear of adverse action, nor did my superiors question me. Two points are necessary. A grieving person may not realize the effects the grief is causing. If he does, he should carefully evaluate himself. Commanders and supervisors must also evaluate the individual. The consequences of an airplane accident are not worth the risk. I am thankful I did not hurt myself or others.

The final consideration concerns the use of military mental health professionals. First, I would like to state that everyone I met in mental health was both professional and dedicated. My problem centered on my own values and background. The doctor I saw was an O-6. I was an C-3. I could never overcome my mental block of the rank difference between us. I did not see him as a doctor but as a senior officer. The result was less than optimum counseling sessions. Such perceived barriers must be overcome prior to long-term counseling.

A second issue concerning mental health professionals concerns qualifications. Medical doctors specialize because of the complexity of the

human body. Mental health professionals also specialize. I would recommend searching for someone with a background in dealing with the bereaved. Many professionals in mental health have little experience with the grief process and may not fully understand all its problems. Someone familiar with grief can provide better counseling and understanding. Taking the time to find such an individual is important.

#### SUMMARY

The key to grief recovery is the support an individual receives during the grief process. Too often, friends, relatives and coworkers abandon a bereaved individual soon after his or her loss. They do this, not because they do not want to help, but because they do not know how to help. They also do not realize how long intense grief lasts. Hopefully, in this chapter, I outlined some ideas which will help individuals in dealing with the bereaved. The bottom line is sincere concern and understanding.

# CONCLUSION

The price of love is often grief. I loved Kara very much and her death deeply affected my life. I spent most of two years hurting and grieving. At times, I could see very little to live for and wondered what usefulness was left in my life. Finally, I undertook the project of writing this handbook. The project was like an operation. It opened me up and removed a large portion of my pain, hurt and anger. The scar of that operation, like the memory of Kara, will always remain, but the cancerous growth of grief has been removed.

I also realized while writing that I could not let Kara's death or my experience be forgotten. If I did, her death and my grief would have little meaning. The thought of using my knowledge to help others suddenly gave me a new hope in life.

Yes, there is life after grief, but a different life than before. I hope somewhere in this handbook a bereaved individual has found a glimmer of light during a time of darkness. I also hope I have given supporters a little better understanding of how to help the bereaved return to a more normal life.

and through all the tears  
and the sadness  
and the pain  
comes the one thought  
that can make me  
internally smile again:

I have loved.

(Melba Colgrove)

# ≈ BIBLIOGRAPHY ≈

## A. REFERENCES CITED

### Books

1. Caine, Lynn. Widow. New York: Bantam Books, 1974.
2. Cammer, Leonard. Up From Depression. New York: Pocket Books, 1969.
3. Colgrove, Melba, Ph.D., Harold H. Bloomfield, M.D., and Pety McWilliams. How to Survive the Loss of a Love. New York: Bantam Books, 1976.
4. Eisenhower, Dwight D. At Ease. Garden City, N. Y.: Doubleday and Company, Inc., 1967.
5. Fairchild, Roy W. Finding Hope Again. New York: Harper and Row, 1980.
6. Guralnik, David B. Webster's New World Dictionary. New York: Simon and Schuster, 1982.
7. Irion, Paul E. The Funeral and the Mourners. New York: Abington Press, 1954.
8. Jones, Jean G. Time Out for Grief. Huntington, Indiana: Our Sunday Visitor, Inc., 1982.
9. Kastenbaum, Robert J. Death, Society and Human Experience. St. Louis, Missouri: C. V. Mosby Co., 1977.
10. Kreis, Bernadine, and Alice Pattie. Up From Grief. New York: The Seabury Press, 1982.
11. Kushner, Harold S. When Bad Things Happen To Good People. New York: Avon Books, 1974.
12. Marx, Rudolph. The Health of the Presidents. New York: G. P. Putnam's Sons, 1960.
13. Minirth, Frank B., M.D., and Paul D. Meier, M.D. Happiness Is A Choice. Grand Rapids, Michigan: Baker Book House, 1978.



14. Moro, Ruth. Death, Grief, and Widowhood. Berkley, Co.: Parallax Press, 1979.
15. Sehnert, Keith W., M.D. Stress/Unstress. Minneapolis, Minnesota: Augsburg Publishing House, 1981.
16. Westberg, Granger E. Good Grief. Philadelphia, Penn.: Fortress Press, 1962.

#### Articles and Periodicals

17. Baines, Donald. "Nine Steps Toward Beating Executive Stress," Dimensions of Leadership, Vol. One, Air Command and Staff College, Air University (AU), Maxwell AFB, Alabama, 1983.
18. Casualty Reporting Office, as printed in Air Force Times, 1982 issues.
19. Silverman, Phyllis. "Coping with Grief--It Can't Be Rushed," U.S. News and World Report, Vol. 95, No. 20, 14 November, 1983, pp. 65-69.
20. Whitman, Howard. "How to Help Someone in Sorrow," The Christian Advocate, 3 Dec 1953, pp. 32-36.

#### Official Documents

21. U.S. Bureau of the Census. Statistical Abstract of the United States. 103 d edition. Washington, D.C.: 1982.
22. U.S. Department of the Air Force. Officer Evaluations. AF Regulation 36-10. Washington, D.C.: Government Printing Office, 1982.

#### Unpublished Materials

23. Anderson, Joan Webster. "Support for Grieving Parents," Handout obtained from The Compassionate Friends, Montgomery, Alabama Chapter, undated.
24. Hill, Gordon J., Maj, USAF. "A Guide to Support a Terminally Ill Patient and Those Affected." Unpublished Staff Problem Solving report 82-1160, Air Command and Staff College, Air University (AU), Maxwell AFB, Alabama, 1982.

### B. RELATED SOURCES

#### Books

- Burnes, David D. Feeling Good. New York: William Morrow and Co., Inc., 1980.

Claypool, John. Tracks of A Fellow Struggler. New York: Pillar Books, 1976.

#### Articles and Periodicals

Cogdill, Ingrid, Sgt, USAF. "'Life is Ultimate Stress Test' University Dean, Doctor Tells Group," The Dispatch, 29 September 1983, p. 3.

Davis, Anna Byrd. "Grief," The Commercial Appeal, 18 March 1984, p. F1.

Davis, Anna Byrd. "Groups Struggle to Provide Help for the Bereaved," The Commercial Appeal, 18 March 1984, pp. F1,2.

Davis, Anna Byrd. "In Time, With Aid, Parents Overcome Shock of Death," The Commercial Appeal, 18 March 1984, pp. F1,2.

Gibbons, Sheila. "Grief and Loss in the Military Community," LadyCom, February 1984, pp. 80-83.

#### Official Documents

U.S. Department of the Air Force. Benefits for Dependents and Survivors of Air Force Casualties. Air Force Pamphlet 211-15. Washington, D.C.: Government Printing Office, 1980.

U.S. Department of the Air Force. Casualty Services. AF Regulation 30-25. Washington, D.C.: Government Printing Office, 1978.

U.S. Department of the Air Force. Mortuary Affairs. AF Regulation 143-1. Washington, D.C.: Government Printing Office, 1980.

#### Unpublished Materials

Petry, Forrest, Ed.D. "The Effects of the Sudden Death of a Child on the Family." Unpublished report submitted to Family Counseling Course, University of Alabama, Tuscaloosa, Alabama, 1976.

# **INDEX**

Affirming reality, 31-32  
AF Officer Effectiveness Reports, 46  
Anger, 28  
Baines, Don, 12  
Bloomfield, Harold, 32  
Caine, Lynn, 17  
Candlelighters, 45  
Casualties, military, 13-14  
Colgrove, Melba, 32, 50  
Commanders' responsibilities, 46-48  
Compassionate Friends, 45  
Conclusion, 50  
Contents, iv  
Depression, 23  
Eisenhower, Dwight D., 14-15  
Expressing emotions, 21  
Fairchild, Roy, 27  
God's will, 43  
Grief, 1, 12-13, 19  
Grief misconceptions, 36-38  
Grief reactions, 18-19  
Grief stages, 19  
Guilt, 27  
Helping yourself, 34  
Holmes-Rahe test, 10-12  
Hope, 31  
Hospice Program, 45

I Can Cope, 45  
Index, 54-55  
Introduction, 1  
Jones, Jean, 33  
Kreis, Bernadine, 21, 31, 36  
Lincoln, Abraham, 14  
Linderman, Erich, 24  
Make Today Count, 45  
Meier, Paul D., 12  
Mental health, 48-49  
Military considerations, 45-49  
Minineth, Frank B., 12  
Moro, Ruth, 20  
Panic, 25-26  
Parents of murdered children, 45  
Parks, Colin, 17  
Pattie, Alice, 21, 31, 36  
Physical symptoms, 24-25  
Preface, iii  
Referral agencies, 44-45  
Resist returning, 29-30  
Shock, 20  
SIDS, 45  
Silverman, Phyllis, 37  
Stress, 10-13  
Stress, causes, 10-12  
Stress and grief, 11-15  
Stress, unresolved, 12-13  
Support for the bereaved, 38  
Support, extended, 40  
Support, immediate, 38  
Westberg, Granger, 19  
Widow-to-Widow, 45